16. Informant Hospital Records

BINDING

FOR

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SE

PLE

Address VAH, Perry Point, Md.

11. Removal
(Burial, cremation, or removal, Which?)

Cemetery or crematory Sunnyside Cemetery

Orangeburg, South Carolina

Address Havre de Grace, Maryland

10 dlee 15 19 47 Irma

(Date rec'd by registrar)

23/SIGNATURE THOLLINGER, M.D., ClirM. Diorece
VAH, Perry Point, Md. Date signed 12—

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Injured at home, farm, industry, public place (where?)

Autopsy results Confirms above



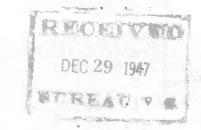
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1			CERTIFICA	TE OF DEATH Reg. Dist. P	No. 96	
How long in above place of Hospital, Institution, or str VAH, Pe	CECIL PERRY side city or town death? reet address where rry Poin	POINT limits, write 1 10 days death occurre	MD.a. RUKAL and give nearest town)  d:  d:  years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State North Carolina County Hende City or town Hendersonville (If outside city or town limits, write RURAL and a Street No. General Delivery  (If rural, give LOCATION) World War II	********************************	
3. (a) FULL NAME  ROBERT EDWARD BOURGET				3. (b) Social Se	curity Number	
4. Sex	5. Color or race	6.(4)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATIO	N	
Male	White	I	ivorced	20. DATE DE DEATH. Dec. 20	47 all:30P	
6.(b) Name of husband or wite 6.(c) If alive, give age years						
deceased (mo., day, yr.)	9-5-18   Months	Days	It less than one day	Immediate cause of death		
8. AGE: Years 29	3	15	hrsmin	Pneumonia, bronchial, bilatera	1 4-5 days	
10. Usual occupation  1t. Industry or business  12. Name	Salesm lliam A. known	an Bourge	atate)	Other conditions  (Include pregnancy within 3 months of death)	Unknown	
-	Eleanor   New Have		lse	Major findings of operations		
Address Per  T. Removal (Burial, cremation, o Cemetery or crematory. Location Ft	pital Re ry Point removal Which Arlingt	cords , Md. Oate the on Nat!	reof. /2 /23/47 (month) (day) (year) 1 Cemetery	Autopsy results. Confirms above PHYSICIAN: Please underline the cause to which death should be caused by the cause to which death should be caused by the cause to which death should be caused by the cause to which death should be caused by the cause to which death should be caused by the caused	charged statistically.	
Address Havro	e de Gra	ce. vd	***************************************	23. SIGNATURE A.E. TROLLINGER, M.D., Clin  Address VAH, Perry Point, Md. Date	Difector M. D. Vother signed 12-22-47	

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# MARYLAND STATE DEPARTMENT OF HEALTH 1206

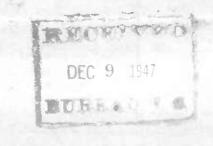
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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	1	1	110	
Rog.	Dist.	No.	9	2

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Cert	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
City or town	State Water County County
(If outside city or town limits, write RURAL and give nearest town)	City or town [17 outside vity or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where geath occurred:	R 49\ =
lining /forp	Street No
How long in hospital or institution? 2 days	2.(c) It veteran, name war
3. (a) FULL NAME	richlen) 3. (b) Social Security Number
OT - Las Buckil	0 10
Gus ree 10 - Trace	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Maried	20, BATE OF DEATH Lee 2 - 19 47 at A
0 0 30:-60	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	hor 6 1947 10 blee 2 1947
	and that I last sow have alive on the lee 1
7. Sirth date of deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: , Years   Months   Days   It less than one day	Parallia Decard 3 duy
6 % 7 22hrsmin.	
RD no	July 10 Oly 10 10
3. Birthplace (Yown, county, and state)	Due to.
1+10	01 11 0 01 00 01
10. Usual Occupantikany	Dua to Sulliver Sulli
11. Industry or business	
12. Name The left Suckley  13. Sirinplace Mark	Other conditions
\$ 13. Sirinplace \ Maryland	(Include pregnancy within 3 months of death)
14. Maiden pame Marquet armed	Jantes Princel and Great and
14. Malden name Marquet arms 15. Birthplace Wayylord	Major findings of operations.
2 15. Birinplace	Date of op.
16. Interment	Autopsy results
Address North East R.D. #2	
13.00 1 200 5 1947	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Clared Complete	Whera did injury occur?
P' : 0 8 R 8	Injured at home, tarm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director.	moens of infact
Address & Morth Evel md-	DIN TOURSELLE
101	23. SIGNATURE M. D. or other
19. Oate rec'd by registrar) Registrar	Address Worls Cut Judgate signed blee 3 47
(Date rec'd by registrar) Registrar	Address



### CERTIFICATE OF DEATH

		-	
		4	
		6-1	peq

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a) Single, married, widowed/or divorced Marsuck Marsuck Brown  6.(b) Name of husband or wife 8.(c) It alive, give age 83 years deceased (mo., day, yr.) Unknown 1825	and that I last saw had alive on
8. AGE: Years Months Days It less than one day  9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business	Immediate cause of death  Hemorrhad from a tuplured  Bus to.  Due to.  Due to.
12. Name	Diter conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address  17. Burial, eremation, or removal, Which2  Cemetery or crematory  Location  18. Funeral director	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Addrass Print got md  19 Sec 6 19 H 3 Grazu  (Date rec'd by registrar)  Registrar	23, SIGNATURE M. D. or other  Addrese Date signed 212,447.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct see is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	man la 1 Carl
Cily or town	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(II OUTSIDE City of town thints, write feature and give hearest world
D(and . T) (1/4 10-1	Street No.
Christ Hogala Color	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pavid Brown	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Black Wildows	20. DATE OF DEATH 6 December 19 4) at 5 604 M
8 (b) Name of bushood or wife ada Brown	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	2 2 00-1 42 ( 100 42
7. Birth date of years	and that flast saw h. 1. m. alive on 5 Decarles 1942
deceased (mo., day, yr.) 7.2 400 dece 12-2-97	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Ceelral accident
83 × ×	
9. Birthplace borlandh Dai	Due to Allier Claro
(Town, county, and state)	A
10. Usual occupation.	Due to Cambris recel disease
11. Industry or business	
	Other conditions Apartie Acraplogia
12. Name Century 13. Birthplace	Orice Conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations. Many
14. Maldan name	
₹ 15. Birthplace	Dale of op.
18. Informant	Autopsy results. The state of the short has charged statistically
	PHYSICIAN: Please underline the cause to watch death should be charged status and
Address	22. VIOLENCE: If death-was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bablast	Where did injury occur? (City or town) (County) (State)
north Tach mo	Injured at home, farm, Industry, public place (where?)
1002110N D 80	Meens of injury injured at work?
18. Funeral director.	0 0 1 0
Address North Court, Md	The More
AUDIESS A A A A A A A A A A A A A A A A A A	23. SIGNATURE M. D. prother
19 Dec 6 19 47 MI Trager	
(Date rec'd by registrar) Registrar	Address Control Ma Date signed 6



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# MARYLAND STATE DEPARTMENT OF HEALTH 16000

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	County	State Many County Tolke
-	(If outside city or to will limits, write RURAL and give nearest town)	0.64/ 6./
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred.	Street No. 99 April Demosil Manos
1	Mury Hosp.	(If rural, give LOCATION)
	Now long in hospital or institution?	2.(a) If yeleraa, name war
	3. (a) FULL NAME	3. (b) Social Security Number
1	Latsey Balon Chadwa	
	4. Sex 5. Color or race 6(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
	Teronia While Ingle-	20. DATE OF DEATH SEC 31 1547 2121/06 M
1		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8.(b) Nama of husband or Wife	Day 6 1147 10 Dec 31 - 1147
	7. Birth date of	and that I last saw h. L.C. allys on Die 31 - 1947
	deceased (mo., day, yr.) CCC 75 194	Immediate cause of death
	8. AGE: Years Months Days if less than one day	· Chebral removening 6 days
	6hrs,min.	1. will consulsions
	9. Birthplace ElRlon-Md	Oue to Bird -
1	(Town, county, and atate)	
	10. Usuzi occupation	Due to
	11. Industry or business	
	12. Name Aoward Cradwick	Other conditions
	12. Name Aowald Radioies  13. Birthplace Warwick - mo	(Include pregnancy within 3 months of death)
	14 Malden name Edith Crash	
	14. Malden name Estel Crash  15. Birthplace Bason, W. V.	Major findings of aperations
	15. Birthplace	
	18. Informant Howard Charles	Antopsy results
	Lodies Hollingworth manualto	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	(Burial, cremation, or removal, Which?) (month) (day) (year)	
	Cemetery or crematory.	Where did injury occur?
	Location Magazina	Injured at home, tarm, industry, public place (where?)
	18. Funeral director To Justin Carriels	Masna of Injury Injured at work?
	Talana de la	7- 4/ MONING
	Address State Company	23. SIGNATURE. M. D. or other
	19 km 5 18 48 J/ Trazer	(P/m - /h) 12/2/1/27
	(Date rec'd by registrar) ( Registrar	Address Date signed Total T



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

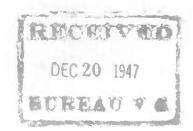
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# CERTIFICATE OF DEATH

eg. Dist. No. 96

T. PLACE OF DE	Cecil	***************************************	*	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	f mother)	
City or town	of death?	63	WRAL and give nearest town) Years	Street No.	sit its, write RURAL and give neare	est town)
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAM!		ane	Emery Cropper		3. (b) Social Security N	umber
4. Sex Female	5. Color or race White		ie, married, widowed, or divorced	MEDICAL 9	ERTIFICATION  LA 14 19 47	314
6.(b) Name of husband  7. Birth date ot deceased (mo., day, y	<b></b>	6.(	Cropper  c) If alive, give ageyear  3. 1854	21. I CERTIFY that death occurred on the date all control of the date all cont	bove stated; that I attended decease	red from 1947
8. AGE: Years		Days	If less than one day	Immediate cause of death	Lyscardety.	DURATION 10 YEAR
93	10	11	hrs min.		1	(
9. Birthplace  10. Usual occupation  11. Industry or busines  12. Name	Hou W4113	se Wi	state)	Due to		
12. Name			Scotland			
8			Unknown	(Include pregnancy within 3		
	margar		brahams	Autopsy results.		
Address			Deposit, Md	PHYSICIAN: Please underline the cause to v		
17. B: (Burial, cremation Cemetery or cremate	urial , or removal. Which: Hop	Date then	eot Dec. 17, 1947 (month) (day) (year)	22, VIOLENCE: It death was due to external cate Accident, suicide, or homicide	Date of	(State)
1B. Funeral director	eva.	Patt	uson 4 Son	Meens of injury	tnjured at work?	A
Address  19. Address  (Date rec'd by re	Perryv	0	Md.	23. SIGNATURE O. 1978. Address Port DEbao	it Md Date signed	Dother 2/16/4



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J.	. lb	-6	-24	0

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, came war.
3.(a) FULL NAME Lorge W. Curry	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, morried, widowed, or dirorced  (archael)	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER 19.7 11.6 P. M
6.(b) Nama of husband or wife. Nellie J. Curry  7. Birth date of deceased (mo., day, yr.)  Oct 4, 1864	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day  8. Birthplace	Duo 10.
10. Usual occupation	Due to.
12. Name George W. Curry  13. Birthplace Scottland	Ginelude pregnancy within Sonths of death)
14. Malden name. Haddin Gorals  15. Birthplace Scottland	Major findings of operations
16. Informant John Curry Address Elketon Mid R. D. #3	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external eauses, fill in the following;
17 Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	(City or town) (County) (State)
Location Ellesson	Means of Injury Injured at work?
18. Funeral director. Address Election 2nd.  19. Control of the Co	23. SIGNATURE James L- John M. D. or other

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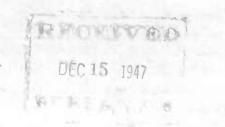
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JL.	L	L	1	4
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	2411 N. Charles St., Baltimore 940
	CERTIFICATE OF DEATH
County Clity or town. (If outside city or town limits, write RURAL)  How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pawborn infants give residance of mother)  State  County  Clity or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Gert	trude Dinsmore 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married,	widowed, or divorced  MEDICAL CERTIFICATION  20, DATE OF DEATH Dec. / 2 19 4 7,21 / 10 / 10
8.(6) Name of husband or Win. Din	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 21 18.	and that I last saw h
5. AUL. 72 0 01	ss than one day    Color ary   Color ary
9. Birthplace Cury Sur (Town, county, and state)	Ind. Oue to Rhumation
10. Usual occupation	Oue to
E 12. Name / Livinus	Muser Other conditions
# 14. Maiden name Railcell	(Include pregnancy within 3 months of death)  Major fiadiags af aperatians
15. Birthplace Many Sur	_ Free Oate of op.
16. Informant	Aatopsy results
Address  17. Burdel.  (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  (month) (day) (year)  Accident, suicide, or homicide
Cemelery or crematory. Every	Where did injury occur?
Location Nan Maring Dan. m	Injured at home, farm, Industry, public place (where?)  Meens of injury  Injured at work?
18. Funeral director Rusing Sun.	md INPOSTER ON PAINT Caril C



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 96

		100				
1. PLACE OF DE	CECTI.	J.	10	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town			MD.	State Delaware County New Castle		
City or town(If c	outside city or town	limits, write	RURAL and give nearest town)	City or town Wilmington (If outside city or town limits, write RURAL and give		
How long in above place	of death?	rs. 4	mos. 1 da.	(If outside city or town limits, write RURAL and give	nearest town)	
Hospital, institution, or VAH, P	street address where	death occurre	d:	Street No. 317 W. 28th Street		
VA113 1		Same as	above	(If rurel, give LOCATION)  (2.(a) If veleran, name war	/	
How long in hospital or						
3. (a) FULL NAM		MH. E	DWARDS	3. (b) Social Securi	ty Number	
4, Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Sing	le	20. DATE OF DEATH. December 1 19 47	10:00A	
6,(b) Name of husband				21. I CERTIFY that death occurred on the date above stated; that t attended do July 30	eceased from	
7. Birth date of			(c) If alive, give ageyears	and that I last saw h im alive on December 1	19.447	
deceased (mo., day, )		ry 21,	1890	Immediais cause of death	DURATION	
8. AGE: Years		Days		Adenocarcinoma, kidney, left	Prob.ove	
57		10	hrsmin.		l year	
9. Birthplace	ilmington (Town	Delay, county, and	vare	Due to		
1D. Usual occupation	Unempl	oyed				
				Due to	******	
11. Industry or busines		Edward	is, Sr.	Diher conditions Coronary arteriosclerosis	Unknown	
	Wilmington			Generalized arteriosclerosis	Unknown	
				(Include pregnancy within 8 months of death)		
H-				Major fiedings of operations		
E 15. Birthplace	Wilmingt	on, De	Laware	Date of on		
16. informant	Hospital	Recon	ds	Actors results Confirms above		
				PHYSICIAN: Please underline the cause to which death should be charg	ed statistically.	
Address	VAH, Per			22. VIOLENCE: if death was due to external causes, fill in the following;		
17. Removal	or removal Which	Date the	reof 12-1-47 (month) (day) (year)	Accident, suicide, or homicide		
	Riverv			Where did injury occur?		
Location W1	lmington,	MC	6 mil	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director	MC CRERY	TUNERAL	grower /		lical Examiner	
Address 2700	Washingt	on st.	Wilmington, Del.	VI A Soula De 1/10		
10		_	1 2 1	23. SCHATCHE W CONTROL M.	D. or other	
19. Alec	L19	2 =	sine 2 slagfor	to I samy sum mel note olon	100-1-47	
10			1 50/	And Olympia (IX ) and Dall	1 1 1 1	

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine conservation is especially important. Physicians: please write the causes of death clearly and legibly.

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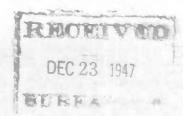
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

			1	2		
Reg.	Diat.	No.		7.	3	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	1 Stat Maryland, County Ceul Co Mid
(If outside city or town limits, write RURAL and give nearest town)	City or town Tutside Pising Sun Ma
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death offcurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph K. Fox	
4. Set   5. Color or race   6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male white avidoured	20. DATE OF DEATH Vecuriller - 16 1947 at 114.
6.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mile! 1945 to Dee 16 11 al
7. Birth date of deceased (mo., day, yr.) Sett 12 1871	and that I last saw h. Land. alive on
8. AGE: Years   Months   Days   if less than one day	Immediate tage of death DURATION
76 3 4hrs.	n (nincardelle
Bini dua Ml.	inthe s
9. Birthplace	Due to Auterleuseon
1D. Usual occupation I Adusd	Due to
tt. industry or business	
= 12. Name John alford fox!	Dther conditions
12. Name John afford fox	(Include pregnancy within 3 months of death)
14. Maiden name / Raroline Pelous	
14. Maiden name Raroline Jeburs 15. Birthplace Office Pa	Major findings of operations
7 20 10701	Actupsy results
16, Informant	PHYSICIAN: Please enderline the cause to which death should be charged statistically.
Address 1 1 Sun Sun Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homtoide
Cemetery or crematory Offerd Pa,	Where did injury occur?
DIV. I Par	Injured at home, farm, industry, public place (where?)
Location	Means of Liqury Injured 21 work?
18. Funeral director	11/000 -000 9160
Address Promy Suny M	des signatura Controlled Mills
An 17 : WI Immortania	M. D. or other



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(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

(If outside city or town limits, write RURAL and give nearest town)

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Baltimore

506 W. Mulberry Street

50			
			(
Reg	Diat.	No.	

OF DEATH

MARYLAND

Registrar Address VAH, Perry Point, Md.

	/			CERTIFIC	CATE OF I
Col. Cilly How Hos	w long in above place spilal, institution, or VAH, P	CECI PERF Outside city or town of death? 22 r street address where erry Point r Institution? SI	ty POIN limits, write F 2 days dealh occurred , Md.	above	
4	Sex	5. Color or race		e, married, widowed, or divorced	11
7.	Male	White	Sin		
_	Marc	MILLOG	المدن	544	20. DATE OF D
7.	Birth date of deceased (mo., day,	<sub>yr.)</sub> Feb1	ruary 3		years and that I last Immediate cas
8.	AGE: Year		Days	If less than one day	Tu
	53		6	hrs	min. type
1D	Birthplace	Guaro	1	atate)	Due toB.  Due to
E FA	13. Birthplace				
MOTHE	14. Maiden name.	Unknown Unknown			Major findings
	l, Informant	Hospital	LRecor	ds	Actopsy resol
110		VAH, Per	rry Poi		PHYSICIAN:
	Comelery or cremat  Location	al  or removal. Which  or Baltin  Baltin	nore Na	eof. 12-12-47 (month) (day) (year tional cemetery aryland	22. VIOLENC Accident, suici Whera did Inju Injured at hom
	Address Ha	evre de cr	ace. Mo		

2.(a) If veteran, name war WW-I		V
	3. (b) Social Security 214-03-29	
MEDICAL CE	ERTIFICATION	
20. DATE OF DEATH. December	r 9th 19 47	1 5:40P M
21. I CERTIFY that death occurred on the date above Nov. 17th	ve stated; that I attended dec 47 to Dec. 9	th 19.47
and that I last saw h im alive on	Dec. 9th	1947
Immediate cause of death Tumor of the brain		Unknown
type, asprocytoma		
Due to Bronchopneumonia		
Due to		
Other conditions		
(Include pregnancy within 3 m	nontha of death)	***
Major findings of operations		
Actopsy resolts	DOVE	
22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
Accident, suicide, or homicide	Date of	
Whera did injury occur?		(State)
Injured at home, farm, Industry, public place (wh	/	A
Menns of Injury	Injured at work?	
Cog Opp	aless,	

Date signed 12-10-47

DEC 15 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

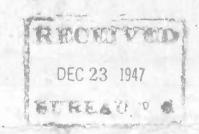
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### CERTIFICATE OF DEATH

eg. Dist. No. 92

	Reg. Dist. No.
Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
6 8 / 1 / 1 / 2	State Ind. County Leevel
City or town	Day The Erect MINIE
tow long in above place of peath?	City or town (If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or syeet address where death occurred:	Street No.
Union Hosp.	(If rural, give LOCATION)
low long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1) all won to	ou!
. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M' Col' married	20. DATE OF DEATH ( Lee 16 1947 212550)
(b) Name of husband or wife Mary Enuma Johnson	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(c) It allve give age	
Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cross of death DURATION
AGE: Years Months Days If less than one day	Heulplegrand
76 3. 19nin.	
Ell Nell Cill & ma	ou breamour
(Town, county, and state)	(12) 1818 18 18 PM
Usual occupation tarm daborer	
	Due to
Industry or business	
12. Name	Dither conditions
12. Hame	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Pobinsun 15. Birthplace north East Ruraf her	
2 Th. E D h.	Major findings of operations.
13. BITTAPIACE	- Date of op.
Informant has I sed Johnson	Autopsy results.
Address North East of no ho	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
12 . 1 . O. 21 1045	22. VIOLENCE: if death was due to external causes, till in the following:
Burial, cremation, or remayal. Which?)  Date thereot	Accident, suicide, or homicide
1. 1. (1/1/1/2)	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory A Company	
Location Drug Cast 1 D # 2 110	Injured at home, farm, Industry, public place (where?)
Funeral director Joseph of Frank	Means of Jajury injured at work?
1 1 1 6 1 6 1	10 00 Dange All O Medical Examina
Address horly Cost wa	22/ Control of Control
Dec 19 19 47 Hl Lazer	M. D. or other County
(Date rec'd by registrar) Registrar	whites any our mit Date signed of the 4



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

1310

I. PLACE OF DEATH: Co,	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Por newborn infants give residence of mother)
City or town. Countie City or town limits, write RURAL and give nearest town)  How long in above place of death?	State County County Sur Sun Md.
How long In above piace of death?	(If outside city or town limits, write EURAL and givo nearest town)
Mospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lengel May (Yuk)	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION US
Temale suprite	20. DATE OF DEATH DECEMBER 16 1849 21/2 3
6.(b) Name of husband or wife. Cassins 7. / Lile	21.1 CERTIFY the death occurred on the date above stated; that Lattended deceased from Petrospary 8.19.47, to \$20 - 1.5.19.4.
T. Birth date of	and that I last saw h. Al. allite at D. J.C. 5 19.4.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
7 4 // 6hrsmin.	mone desocardors 10 gr
Bising Alles mel.	
8. Birthplace	Due to
( No second o	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Florge W. Tifford.  13. Birthplace Buch, Co Pa	Other conditions Chronice Cophriles 104/20
13. Birthplace Bush, es Pa	
	(Include pregnancy within 3 months of death)
14. Maiden name Catherine B. Meithly 15. Birthplace / md.	Major fiediegs of operations.
E 15. Birthplace / / mol.	Dale of op.
Vollar Tilbural	
16. Informant	Actors results
Address Kising Lun Md'	
- Principal / Dec 21-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory West Hotlengham	Where did injury occur?
Location Colora and,	Injured at home, farm, industry, public place (where?)
18. Funeral director L. C. Vyson.	Msans of Injury Injured at work?
The second secon	#Chlos 1 m il
Address / 4 Ksing Sun Ma	23. SIGNATURE M. D. or other
19 Jec 1/2 19 T/ Zmilnhungl	or Part Deport n. 1 124, 2kg
(Date rec'd by registrar) Registrar	Address Date signed Date signed

WRITE PLAINLY, WITH LWFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

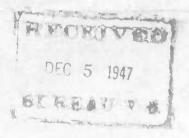
# CERTIFICATE OF DEATH

11120

Reg. Dist. No. 9V

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or jown CERION	State County County
(If outside city or town limits, write RUEAL and give nearest town)	City or town Physical College
How tong in above place of death?	City or town (IT outside city or town limits, write RURAL and give nessest town)
Hospital, instilution, or street address where death occurred:	Street No 2010 Stung Garden.
West Main Street	(11 rurai, give LoCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	2 (b) 5 15 1 1
Market Market	3. (b) Social Security Number
may. Roes	rer'
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H HITE medar	2D. DATE DE DEATH December 2 194). 21 3208.
1 10000 170000 ·	2D. DATE DE DEATH December 2 19 4) : 21 3200's
6.(6) Name of husband or wife Mulweas Woerner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusband of wiley	
7. Birth date of C. C. C. T. Birth date of C. C. C. T. Birth date of C.	and that I last saw halive on
deceased (mo., day, yr.) Wild 186	
8. AGE: Years Months Days It less than one day	Immediair cause of death DURATION
Ca C:	Ciful Donnary
80 8hrsmin.	Charles .
9. Birthplace Lemmany	Due to
(Town, county, and atate)	
1D. Usual occupation. Attacher te	
	Due to
11. Industry or business	
12. Name Addy Who I	Other conditions.
13. Birthplace Lemany	
2	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
14. Maiden name. In the state of the state o	Date of op.
Frankil Nac. Co.	
16. Informant	Autopsy results
Address 1000 monroce At	
17 Durial Date thereof Acc, 5-47	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burlal, cromation, or responsal, Which) (month) (day) (year)	Accident, suicide, or homicide
Cable dial	Where did injury occur?
Cemetery or crematory	
Location Williams for - DE	Injured at home, farm, industry, public place (where?)
Hal Pathens	Maans of Injury Injured at work?
18. Funeral director. The state of the state	(1) (10 ) (1) Medical Examiner
Address Cleton mp.	1 X M TOTA AM MANE Caril County
1 6 707	13 SENTIME
19Dec 4 1847 - 10 Drazer	(RIDINGX1111 MIL) 12-8-47

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CEDTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County - Cecil				2. USUAL RESIDENCE (HOME) OF DEC	A 42	
City or town Perry Point, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Nospital, institution, or street address where dealh occurred:  VA Hospital, Perry Point, Md.  How long in hospital or institution?  Same as above				State Maryland County  Lansdowne  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 343. 3rd Avenue  (If rural, give LOCATION)		
4. Sex - M	5. Color or race		e, married, widowed, or divorced	MEDICAL CERT 20. Date of Death		., 2:10 P
6.(b) Name of husband of wife Mrs. Zens Lewis			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above elated; that I atlended deceased from  June 12, 19. 44, 10. Deca 23, 19. 47  and that I last saw thm. alive on Deca 23, 19. 47		
deceased (mo., day, yr.)  8. AGE: Years  54	Months 1	16, 18	If less than ons dayhrsmin.	Immediate cause of death Infarction, massive, of	myocardium	duration 48 hrs.
9. Birthplace				Due to Embolism  Due to Coronary arterioscle	erosis	48 hrs.
Thomas J. Lewis - deceased  12. Name Thomas J. Lewis - deceased  13. Sirthplace Baltimore, Md.  14. Maiden name Fannie Taylor - deceased			Md. r - deceased	Other conditione Syphilitic meningo- encephalitis (Include pregnancy within 3 months of death)  Majur fiadiugs uf uperatious.		
Beltimore, Md.  18. Informant Hospital Records  VAH, Perry Point, Md.				Autopsy results  PHYSICIAN: Please underline the eause tu which death shuuld be eherged statistically.		
Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Baltimore National Cemetery				22. VIOLENCE: If death was due to external causes, 1ill in the following;  Accident, suicide, or homicide		
Baltimore, Maryland  18. Funeral director WM. COOK, Inc.  Address St. Paul & Preston Sts., Baltimore, Md.			O.c., tsBaltimore, Md.	Injured at home, farm, industry, public place (where?)  Misens of injury	Injured at work?	
19. Loc. 2	Y 19 4 7	Ja	E Sa T	23. SIGNATURE A.E. TROLLINGER, M.D. Address VAH, Perry Point, Md	Clinical D	Presto 17

information carefully of death clearly and WITH UNFADING INK. Supply every item of important. Physicians: please write the causes BINDING FOR MARGIN RESERVED

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DEC 27 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Cecil
(If outside city or town limits, write RURAL and give nearest town)	2018
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No.
	(If rural, give LOCATION)
How long in hospifal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hilda deivone	in non
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernal White Widowed	20. DATE DE DEATH 24 Dec 19.47 21 12:30A. N
6.(6) Name of husband or wife atto Lewonen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Oct. 1947 to 34 Dec 1947
7. Birth date of	and that t last saw h. e. C. alive on 23 Dec 18.4.7
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediais cause of death
0.000	Usemia 8 days
88 8 18hrsmin.	due to rephroschrosis, venign
9. Birthpiace (Town, eounty, and atate)	Due to Hypertensive Cardiovascular Disease
1 2/2 12/2	
1D. Usual occupation.	
11. Industry or business	<b>J.</b>
12. Name Salonen 13. Birthpiace Finland	- unditions
	(Include pregnancy within 3 months of death)
14. Maiden name no information  15. Birthplace	
II O	Major findings of operations.
2 15. Biringiace	Date of op.
16. Informant	Actopsy results
Address north could be a his	
17. Burial Date thereof 12-27-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory M. Thodist	Where did injury occur?
Location nouth East Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph R. Lians	Meane of Injury Injured at work?
Address Front Each ma	23. SIGNATURE Klaus H Thuebur H.D.
10/2-27 1949 Lias V. Owens	23. SIGNATURE North East, Hd ? Date signed 26 Dec 47
Ramintena P	Address / Date signed to



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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MAKIL	AND.	STAIR	DEPARTMENT	Ur	HEALIF

2411 N. Charles St., Battimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CECIL.			••••••	State MARYLAND County WORK	chester	
(If outside city or fown monts, write NURAL and give nearest town)			UKAL and give nearest town)			
How long in above place of death? 2 months 12 days			12 days	City or town Stockton (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Instilution, or s	treet address where	death occurred	d:	Street No.		
VAH, Pe	rry Point	, Md.		(If rural, give LOCATION)		
How long in hospital or i	How long in hospital or institution? Same as above			2.(a) If veteran, name war.		
3. (a) FULL NAME		N L. M		3. (b) Soci	al Security Number	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICA	TION	
Male	Macro	20	arried			
Mare	Negro	M	arried	20. DATE OF DEATH Dec. 20	19.47 at 8:15 A	
6,(b) Name of husband or	wife Laura	E. Ma	nuel	21. I CERTIFY that death occurred on the date above stated: that I	attended deceased from	
T Bt It date of		6.(	c) If alive, give age Unkn . years	and that I last saw h im alive on Dec.		
deceased (mo., day, yr.	May 12	2, 1912		Immediate cause of death		
8. AGE: Years	Months	Oays	If less than one day	immediate cause of death	DUDALIUR	
35	7	8	hrsmin.	Pneumonia, bronchial, right		
st.	ockton. N	arvlan	d	Due to Hypertensive cardio-vascui	Lar	
S. Birthplace Stockton, Maryland (Town, county, and state)				renal disease		
10. Usual occupation Farm Laborer			er	01		
11. Industry or business				que to	***************************************	
	len eum					
12. Name Unknown 13. Birthplace Unknown				Other conditions		
				(Include pregnancy within 3 months of death		
# 14. Maiden name	Jnknown			Major findings of operations.		
14. Maiden name Unknown 15. Birthplace Unknown						
				On fine above		
16. Informant Hospital Records				Antapey results. Confirms above PHYStCIAN: Please underline the cause to which death should	I he charged statistically	
Address P	erry Poir	it. Md.				
				22. VIOLENCE: if death was due to external causes, fill in the fo		
17 Removal	or removal. Which	Date ther	reef 12-22-47 (month) (day) (yenr)	Accident, suicide, or homicide	Date of	
			ial Cemetery	Where did injury occur?	ntv\ (Stata)	
LocationS	tockton,			injured at home, farm, Industry, public place (where?)		
1B. Funeral director	Leun	uzter	1 Rom	Masons of Injury injured	al work?	
	re de Gra	ice, Ma	ryland	23. SIGNATURE A.E. TROLLINGER, M. D. C.	lin-Director	
			5 11 1		lin Director	
(Date rec'd by reg	18	1 0/2	LANGE E MANAGER	VAH, perry Point, Md.	Data signed 12-22-47	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

A			

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Cou
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Kill and Parker,	3. (b) Social Security Number
4. Sex S. Color or race (6.(a) Single, married, widowed, or divorced multiple married	MEDICAL CERTIFICATION  20. DATE OF DEATH (Dec. 5 194) at 5 P.
6.(b) Name of husband or wife: Anne 76. Moran	21. I CERTIFY that death occurred oo the date above etaled; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Harrich 10 1876	and that I last eaw halive on
8. AGE: Years Months Days If less than one day	Immediate compe of death of Coronary DURATION
9. Birthplace Baltanial and atate)	Due to
10. Usual occupation Office	
11. Industry or business	Due to
12. Name and and moran.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Marie Willer 15. Birthplace Maryl Cind.	Major findings of operations
16. Internative anne morour.	
Addrest Riving Sun Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof (Month) (day) (year)	22. VIOLENCE: If death wae due to external causes, till in the following:  Accident, suicide, or homicide
Cemetery or crematory Meatlers (mother) (day) (year)	Where did Injury occur?
Location Ballo	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Meens of Injury Injured at work?
Address 5305 Marford Koad	Medical Examinet
19. 2 E 19 1 A.W. Hedrich (Date rec'd by registrar)	de Rang Sun Ma Date signed 12-5-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

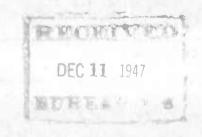
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County  City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 834 Power St.  (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Sarah Elizabeth Morris	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Female   White   Widowed	20. DATE OF DEATH Seember 8 19.47 at 70.		
5.(b) Name of husband or wife Nathan Morris  5.(c) If alive, give age year deceased (mo., day, yr.)  Sept. 22. 1864	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19.47, to 19.47, and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death  Levelval Haemorhage 4da		
9. Birthplace Gorsuch Mills, Balto, Co., N  (Town, county, und atate) House Wife	Due to		
11. Industry or business  Samuel Billingsly  12. Name	Diher conditions Olimine Valendar 15 yrs Heart Dinease		
Sarah Stabler  14. Maiden name Sarah Stabler  15. 8irthplace Balto., Co., Md	(Include pregnancy within 3 months of death)  Major fiadings of operations		
16. Informant Linchicum Heights, Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Burial Date thereof Dec. 10,1947  (Burial, cremation, or removal, Which?)  Cemetery or crematory Friendship Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Linthicum Heights, Anne Arundel  18. Funeral director Wa. Cafferance & Md.	. Cored at home, farm, industry, public place (where?)		
Address Perryville, Md.	22 SIGNATURE J. 7. Magraw		





2411 N. Charles St., Baltimore

11127

#### CERTIFICATE OF DEATH

Reg. Dist. No. 96

CERTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Cecil	(For newborn infants give residence of mother)  State Maryland County Cecil		
City or town. Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town)	Viete		
How long in above place of death? 6 yrs - 11 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
Veterans Administration	(If rural, give LOCATION)		
How long in hospital or institution?Sameabove	2.(a) II veteran, name war. Spanish American War		
3. (a) FULL NAME MURPHY, Anthony	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	20. DATE OF DEATH. December 29, 19.47 ,217:25P. M		
5.(b) Name of Vufort of wife Unknown - deceased	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from  December 18, 1941 to Dec. 29 19 47		
7. Birth date of	and that I last saw h im alive on December 29, 19 47		
deceased (mo., day, yr.) Nov. 11, 1864	Immediate couse of death		
8. AGE: Yeare Months Days It tese than one day	Arteriosclerosis, generalized Over 30		
83 1 18hrsmin.	yrs.		
9. Birthplace Philadelphia, Pa. (Town, county, and state)	Due to		
1D. Usuat occupation Railroad Worker	Due to		
11. Industry or business			
12. Name Unknown - deceased 13. Birthplace Unknown	Dther conditions		
	(Include pregnancy within 3 months of desth)		
H 14. Maiden name Unknown - deceased			
14. Maiden name Unknown — deceased Unknown  15. Birthplace	Major findings of operations.		
	Date of op		
16. Informant Hospital records	Autopsy results		
Address VAH, Perry Point, Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Whieh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide.		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
cometery of from the Baltimore National Cemetery, Md.			
Location Beltimore, Maryland	Injured at home, farm, industry, public place (where?)		
18 Funeral director Lecurity tend On	Meane of Injury Injured at work?		
PENNINCHON & CON	(XASA O (ale)		
Address Havre de Grace, Md.	23. JOHALURE COLLET TOTAL		
19 Jones 5 19 48 Janes Ellanger Registrar)	COVALESKY, M.D., Actg. Clinical Director		
(Date ree'd by registrar) Registrar	Address VAH, Perry Point, Md. Date eigned 1-2-48		

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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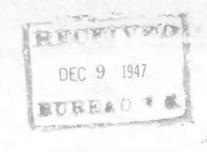
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Dist. No. 92
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address whose death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For new) orn infants give residence of mother)  State  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Edith Louise ( 4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	Sniguk 3. (b) Social Security Number
Hate married	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER 2 1947, at 9.12 PM
6.(b) Name of husband or wife Samuel Oning  6.(c) If alive, give age 27	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Delec. 17. 1919,	and that I last saw h alive on t9
8. AGE: Years Months Days If less than one dayhrs.	nin. Lurin of entire
9. Birthpiace	Due to NOLY O
10. Usual occupation	Due to.
12. Name Daniel Sulley 13. Birthpiace Elaton Ind.	Dither conditions
14. Maiden name Mary E Corners  15. Birth Oace Principio Ma	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Information and an information of the contract	Antopsy results
Address  17. Bux Mark. Bate thereof Date (month) (day) (year)	22. VIOLENCE: If death was doe to external causes, fill in the following:  Accident, suicide, or homioroff  Date of 12 - 2 - 4
Cemetery or crematory	Where did Injury occur?
18. Funeral director Hurippen	Means of injury 102101 of the injured at work?
Address Elkton, nek	Rele Pockson his Medical Examiner
18 Let 5 19 47 FR Frague (Date ree'd by registrar)  Regist	rar Addes Klack Secund Date sight 3-47



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

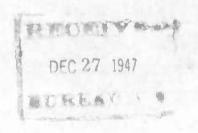
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

11129 Reg. Diat. No. 92

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother)		
City or tow Corry Ault	State Ma County Level		
(If outside city or fown limits, write RURAL and give hearest town)  How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jevo o a vil	erson 220-18-2697		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m full married	20. DATE DF DEATH OLC . 21 1947 21 3 4 M		
6.(b) Name of husband or wife. annie Mas Octorion	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
7. Birth date of deceased (mo., day, yr.) Abril 19 1896	and that I last saw h		
8. AGE: Years   Months   Days   If less than one day	Immedia duse of death DURATION		
51 8 2hrsmin.	Deciliary,		
a Blobalow Fair Hill. md.	Due to arterio Relevous		
9. Birthplace (Town, county, and state)			
10. Usual occupation State Roads	Due to		
11. Industry or business			
12. Name John Peterson  13. Birthplace Fair Will. Md.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Jame Dansmand  15. Birthplace Cherry Will, Md.	Major findings of operations.		
15. Birthplace Cherry Will md.	Date of op.		
18. Informant annie m. Octusor	Actopsy results.		
Address Elfeton Md. R.D. N.5	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Garral Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Chessey Will	Whers did injury occur?		
Location Cherry Hill, ma.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director . H. M. Prippin y Son Pan W. a. Just	Mssns of injury Injured at work?		
Address Elkton md.	1 1 Lo Dockery Min Gical Examiner		
Nes es la FRA.	M. D. or other		
(Date rec'd by registrar)	Address Reserve y Secur Ma Date signed 1 421-47		



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	information carefully. The correct of death clearly and legibly.
The state of the s	WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibl.
	LY; WITH
9-45-15	WRITE PLAINLY; W

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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96 Reg. Diat. No..

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	ma Leens		
City or lown	State County		
How long in above place of death? Transling Through	City or town		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How tong In hospital or institution?	2.(a) I1 veteran, name war		
3.(a) FULL NAME	Recognity Number  3. (b) Social Security Number		
4. Sex) 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m' hale married	20, DATE OF DEATH Necewher 2 19 47 at 3 D m		
mary m. Rechelia	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or			
7. Birth date of G. (c) It alive, give ageyears	and that I last saw halive on		
deceased (mo., day, yr.) cuty r r r	Immediate cause of death. DURATION		
8. AGE: Years Months Days If less than one day	ague		
10 4 4hrsmln.	leoronary		
9. Birthpiace (Town_county, and state)	Due 10. July 100000		
10. Usual occupation set. Registrar	Oue to		
11. Industry or bysiness made believe	я я		
12. Name 12.	Other conditions		
El 13. Billiplace	(Include pregnancy within 8 months of death)		
14. Maiden Came Control of Control	Major findings of operations.		
E 15. Birtholpice / At Nefoart MA	Daie of op.		
16. Information mary in veeletus	Antopsy results		
Address Perrinille md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Thereigh 6000, 15 1044	22. VIOLENCE: 11 death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory West Mothers Basil	Where did injury occur?		
Daling and Thereal	Injured at home, 1arm, industry, public place (where?)		
Location Patternay Van	Means of injury Injured at work?		
18. Funeral director A A A A A A A A A A A A A A A A A A A	(1) ( Megica) Exerciner		
Address erry rule, Ma.	23 SUNTER CHOCKEN COCIL COUNTY		
19 Dec. 13 19 47 France & Danglast	M. D. or other		
(Date rec'd by registrar)	Address Jakes Jack Jack Jack Jack Jack Jack Jack Jack		

7 - 6

DEC 16 1947

CERTIFICATE OF DEATH 1. PLACE OF DEATH: every item of information carefully. The ite the causes of death clearly and legible outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war...... How long in hospital or institution 3. (a) FULL NAME Charles C. Reynolds MARGIN RESERVED FOR BINDING 7. Birth date of deceased (mo., day, yr.) Supply lease wri If less than one day 8. AGE: INK. U 10. Usual occupation. 11. Industry or busines: WITH UNI especially PLAINLY, is especially Address Date thereot Accident, suicide, or homicide. (month) (day) (year) (Burial, cremation, or removal Which?) Where did injury occur? ..... (City or town) Injured at home, farm, industry, public place (where?) Meens of Injury PLEASE 1B. Funeral director. Address 23. SIGNATURE

Registrar

Address.

Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town)

> 3. (b) Social Security Number 220-26-3854

> > (State)

M. D. or other

(County)

injured et work?

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I ettended de	
(Flolee 194), 10 // Dec	19\$
and that I last saw h. A. Ma. alive on	<u>19</u> £
mmediate cause of death Myonia	DURATION
(Not B a ste luceles	5 days
Chanical glomelyler nepelie	- market
Due to Hypertrophy of Crostate	areas
Due to Freguetemeni Cordia vice alla	more
N Queae	
Other conditions Edoma Unula	5 doy
(Include pregnancy Mythin 3 months of peath)	Centro
Major findings of operations.	
Date of op.	
Autopsy results	*************************

(Date rec'd by registrar)



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#### MARYLAND STATE DEPARTMENT OF HEALTH

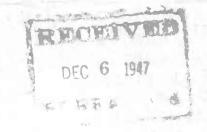
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

og. Diat. No. 96

County			2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of n  State. Connecticut	nother) New Haven , write RURAL and give nearest	town)
3. (a) FULL NAM				3. (b) Social Security Num	nber
	John 3	Toseph Ryan		041-16-0713	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced		REA 3 1945	
	Mo- (		21. I CERTIFY that heath occurred of the date about the state of the s	17, DEC 3	- 19 K 7
8. AGE: Year	6	Days   11 less than one day   25  min.	Chanin They	scandeti.	5 you
9. Birthplace	Mes.	lle, Conn. county, and state) t Cutter	Due to		<u></u>
11. Industry or busines		sail Store	A L		G14 > -
	norris 10	don, Cong.		ekous -	8 1/00
	mary M	argaret Hefferman	(Include pregnancy within 8 m		
16. Informant	ulert	Polyan Deposit. Md.	Autopsy results		
Address  17. (Burial, cremation Cemetery or cremat	ial	Dec 6 1047	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur?	Date of	
	/ /	New Haven Co., Conn	Injured at home, farm, industry, public place (wh		
18. Funeral director.	Perryvil	le, Md.	23. SIGNATURE B. P. SS	roon M.	A
190llee	/19	7 Irana & Doughort	Address Partsh	But Malate signed.	14/49



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat	. N	io	9	2

CERTI	ATT	OF	TITA	TU
T. P. P.	A   C.		4 J C. A	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	In 1
City or town. (If outside city or town limits, write RURAL and give nearest town)	col-
How long in above place of death? 20 Marie 2	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where weath occurred:	Street No. 254 W. Main
254 W. Mars St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Loura V. Jimmo	ne
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
J. Wh. Widowed	20. DATE DF DEATH Dec 30 1947, 21/2 A M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Nams of husband or wife	Sept 1 1947 10 Dec 30 1947
7. Birih dafe of	and that I last saw halm alive on soc 39 19 47
deceased (mo., day, yr.) (lug 26 1891	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Carcinoma of stowach / year
56 4 4 min.	
9. Birtholace Cecil Co, Ind	Due 1a.
(Town, county, and state)	
to. Usuat occupation.	Due to.
11. Industry or business	
12 Name Frelip / Nothwell	Diher conditions.
13. Birthplace Cecil Co Ind	(Include pregnancy within 3 months of death)
14. Maiden name Alice Dovis	
6 -0 C Ind	Major fiadioss of operations.
15. Birthplace CCCC CO	Date of op.
16. Informant Cla May Mathewell	Autopsy results
Address Cheton Ind	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial . Date thereof Jan 2, 1948	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Clean	Where did injury occur?
Location Election Mish	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hlutspin	Means of Injury Injured at work?
SNL-+1- 201	Ma as about - he M.
Address (Welow, Man 10)	23. SIGNATURE. M. D. or other
19 (Date ree'd by registrar)  (Date ree'd by registrar)	Address Elklon End Date signed 12/31/47

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2411 N. Charles St., Baltimore

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CERTI	PICA	Δ I H.		1 3 Pt. 4	

			CERTIFICA	IE OF DEATH	Reg. Diat. No	30
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or town   Perry Point   (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	State. Pennsylvania County Alleghany  City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 4 yrs.4 mos. 29 days.  Nospital, Institution, or street address where death occurred:  VA Hospital, Perry Point, Md.  How long in hospital or institution? 5 yrs.4 mos. 29 days.				Street No. 307 Minton Street Sheridan (If rural, give LOCATION)		
3. (a) FULL NAME STAMCHECE	Joseph	h Tř			3. (b) Social Security	Number
	5. Color or race		e, married, widowed, or divorced	MEDICALC	ERTIFICATION	
М	W		ingle	20. DATE OF DEATH December 1		9:45 P
6.(b) Name of husband or 7. Birth date of		6.(	c) II alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec.	eased from
deceased (mo., day, yr.)	Dec.	ra, rar	<u> </u>	- Immediate come of death	***************************************	DURATION
8. AGE: Years	Months	Days	It less than one day	Post-operative lobotor	ny	Operated
35	11	22	hrs min.	Post-operative aseptic	c meningitis	11_20_47
9. Birthplace			atate)	Due to		
12. Name Sto	ephen St Czecho	amcheck slovaki		Dther conditions		
14. Maiden name	Anna Sc	helski		(Include pregnancy within 3		
15. Birthpiace	Gzecho	slovaki	а	Date of op.		
	spital R	ecords		Autopsy results	hich death should be charged	d statistically.
Address  17. Removal Date thereot Dec. 12, 1947 (Burlal, cremation, or removal, Which?)  The Process			reol Dec. 12, 1947 (month) (day) (year)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Date of	
Cemetery or crematory Unknown  Location McKees Rocks, Pa.				Where did Injury occur?		
18. Funeral director	1/	A KL	. ~ /	Maans of injury	Injured at work?	1
Address	Perryvi	lle, Ma	- 11	23 SIGNATURE	(1)	on other
19. (Date rec'd by regis	2 19 /	7 Jr	Registrar	Address VAH, Perry Point		Director

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and l

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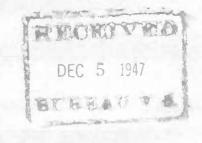
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County.	122 mellond local		
Cily or town	- 1		
How long in obove place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Sireet No. 1140 + Coley (100)		
Market De De Col Col	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	1 3. (b) Social Security Number		
4. Sez   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Remale white Single	20, DATE OF DEATH. Leenher 2 19.47, at 1 450, m		
	21. I CERTIFY that death occurred on the date above stated; that tatlended deceased from		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date apove states; that traitended deceased from		
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate caose of desth		
2 hrs. 5 min.	1 Days Prince of Days		
- I was a second of the second	Tremslundy 6 mos-		
9. Birthplace and on Angledal	Due to		
(lown, coosty, and state)	Tremsture suplement		
18. Usual occupation. Sun Early	Due to Ment sur - Sportfaceson		
11. Industry or business			
12 Namo littlee Willow Placet	Other conditions.		
12. Namo atter Julian Planet			
	(Inclode pregnancy within 8 months of death)		
14. Molden name letta claude (had)	Msjer findings of operations.		
2 15. Birthplace (hos a sease City Mid.	Date of op.		
16. Informant	Actopsy results		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PHYSICIAN: Please underline the cause to which death shootd be charged statistically.		
Address & Station, 711A.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burist, cremation, or removal, Which?)  Daie thereof 1 0 3 4 7 (month) (day) (year)	Accident, suicide, or homicide		
p that he ata	Where did injury occur?		
Cemetery or crematory 3 elite			
Location hesaplake try T.D.	Injured at home, farm, industry, public place (where?)		
18 Funeral director H. W. Pippin	Means of Injury Injured at work?		
18. Funeral director	1/1/		
Address Cholon Md	23. SIGNATURE HALL N DONOMY		
. Dec 3 1/7 Hitnessen	M. D. or other		
(Date rec'd by registrar) Registrar	Address Measher the Date signed / 3/4)		



# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

	2411 N. Charles St., Baltimore
CEI	RTIFICATE OF DEATH Reg. Dist. No. 92
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME RW. Hrand	a White 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widower male white manual	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER 27 19 47 21 5 7
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Month Days If less than or hrs.	and that I last saw h
9. Birthplace	Due to Otterio Belevorio
12. Name Soriba Provido Par 15. Birthplace Par	Other conditions
16. Informant Mrs. Mary White	Aotopsy results
Cemetery or crematory Sombardy Cemeter	22. VIOLENCE: It death was due to external causes, fill in the toilowing;  Accident, suicide, or homicide
1B. Funeral director	Means of injury Injured at work?  23. SUBNATURE OF SCHOOL VIII

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg, Diat, No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Gertrude Emma.	Muttey 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC. 3 19.47.21.255
8.(b) Name of husband or wife 22. M. Mulley  7. Birth date of 49. Second	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) How 3 1876  8. AGE: Years Months Days If less than one day	Immediate purse of death. DURATION DURATION
9. Birthplace Honaker Ja.	Due to.
1D. Usual occupation	Due 10
11. Industry or busifiess  12. Name Melrice Burnellt  13. Birthplace Burnaher Ja.	Dther conditions.
14. Maiden name Inginga Feletelus 15. Birtholage Howalser ra	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Pan n. Mittey	Autopsy results
Address Date thereof Date thereof (Burial, ecomotion, or removal, Which?)  Date thereof (Day) (Gay) (Year)	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or exemetery French Burnel Fround	Where did Injury occur?
a E. Tayana	Meens of injury injured at work?
Address Pring Sung Mad.	2 San Appel Doclson Medical Examiner  2 San Appel Doclson Many Cogil County  M. D. or other
19 19 12 - 19 12 - 19 Registrar	Address Reserry Sun Md Date sind 13-47

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WAKTI	ANI	SIAIR	DEPARTMENT	UP	Hr.Al. II

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbork infants give residence of mother)
City or town	State County County
How long in above place of death?  Hospital, institution, or street address where death,occurred.	City or town
Mospital Institution, of street address infer beat december the Eller in	Street No(If rural, give LOCATION)
How tong to hospital or institution? Ludaya.	2.(a) If veteran, name war
3. (a) FULL NAME Clinton & - 4	Collect 3. (b) Social Security Number
4. Sex 1. Sex 1. Scolor or race 6.(a) Single, married, widowed, or divorced with the sex of the sex	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER 18 47 49.304 m
6.(b) Name of husband or wise femmie Typerline.	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from  November 1 1947, to 12-15-18.47.
7. Birth date of 6.(c) If alive, give age years	and that I last saw h is alive on 12-17 18.47
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immedia crase of Jeath DURATION
89. 4 13nin.	intentical performs
8. Birthplace Louil Co Ma.	Due to & geymal
10. Usual occupation. Returned Federate	Due to. Dellerosis
11. tadustry or business	
12. Name Donles town Pa	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lucy algara  15. Birthplace Offire Ca.	Msjor fiedings of operatives
16 interment Edward & Gerther.	Autopsy results.
Address Pirerton It &-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Pourice Date thereof 12 21-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or pernoval. Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Cally Care Comme	Injured at home, farm, industry, public place (where?)
18. Funeral director of Taylor	D 110 1 - 0110
Address Jetzing Sim Mill.	23. SPONATURE LOW OLLOW M. D. or other
19 Acc vo 18 47 M Trager (Date rec'd by registrar) Registrar	Address Claim of Sun Mil Date signed 2/20-4)

